

## **Discharge Summary**

**Agency name**

**Agency Address**

### **Identifying Information**

Name:

Age:

Client ID:

Gender:

Parent or Legal Guardian:

Individual(s) present:

Service Rendered: Discharge Summary

Setting of Service:

Start Time:

End Time:

Duration:

Service Provider:

### **Admission and discharge information**

Date of admission

Initial need for treatment

Discharge date

Reason for discharge

### **Course of Treatment**

Treatment services provided

Therapeutic Modality used

Identify treatment goals

Describe treatment progress

Describe barriers to treatment progress

Describe any medication issues

### **Summary and recommendations**

Summarize the overall course of treatment

Identify the DSM-V diagnosis at discharge

Make recommendations regarding ongoing treatment needs at discharge

**I have reviewed the discharge summary with the client: Y /N**

**Client Signature:**

Date:

**Parent Signature:**

Date:

**Licensed Therapist Signature:**

Date:

Include credential and title

**Clinical Supervisor Signature:**  
Include credential and title

Date: